

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

**HOBBS OGD**  
State of New Mexico  
Energy, Minerals and Natural Resources  
JUL 21 2017  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. <b>30-025-029402494</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>MAS operating Company</b>		6. State Oil & Gas Lease No. <b>307990</b>
3. Address of Operator <b>P.O. Box 52167, Midland, TX 79710</b>		7. Lease Name or Unit Agreement Name <b>Br Lynch A Federal</b>
4. Well Location Unit Letter <b>P</b> : <b>660</b> feet from the <b>South</b> line and <b>660</b> feet from the <b>East</b> line Section <b>34</b> Township <b>205</b> Range <b>34E</b> NMPM County <b>Lea</b>		8. Well Number <b>2</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <b>267077</b>
		10. Pool name or Wildcat

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

**NOTICE OF INTENTION TO:**  
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**  
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**MIT Test Witnessed by George Jauer**

**See chart attached!**

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE **Kathy White** TITLE **Office Manager** DATE **7/21/17**  
Type or print name **Kathy White** E-mail address: **masoperating@att.net** PHONE: **432-618-0678**  
**For State Use Only**  
APPROVED BY: **George Jauer** TITLE **Compliance Officer** DATE **7/21/17**  
Conditions of Approval (if any):



